

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047439

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 75

Primary Registration District No. 3016

Registrar's No. 124

STATE FILE NUMBER

FILED JAN 3 1964

## 1. PLACE OF DEATH

a. COUNTY

CLINTON

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN CAMERON

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION CAMERON Hospital

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

CLINTON

c. CITY  
OR TOWN CAMERON

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

Josiah

Middle

April

Last

Lohman

4. DATE  
OF DEATH

Month

Day

Year

Dec 25 1963

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

2-20-1886

## 9. AGE (last birthday)

83 yrs.

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

## 10b. KIND OF BUSINESS OR INDUSTRY

Farming

## 11. BIRTHPLACE (City and state or country)

CLINTON Co. MO

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Gustav Lohman

## 13b. MOTHER'S MAIDEN NAME

Araline Transue

## 14. NAME OF HUSBAND OR WIFE

Deceased

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv)

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Mrs. Sylvester Hahn CAMERON, MO

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Arteriosclerotic heart disease

INTERVAL BETWEEN  
ONSET AND DEATHConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

acute myocardial failure

12 hrs?

## DUE TO (c)

D.S.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from

Dec. 25, 1963, to

Dec. 25, 1963

and last saw him alive on Dec. 25, 1963

Death occurred at

1:00 p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

J. J. Lohman MD

## 22b. ADDRESS

Cameron, Mo.

## 22c. DATE SIGNED

12-28-63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

12-27-63

## 23c. NAME OF CEMETERY OR CREMATORY

Graceland Cemetery

## 23d. LOCATION (City, town, or county)

CAMERON, MO.

## (State)

## 24. FUNERAL DIRECTOR

Dorothy CRUNK, CAMERON, MO.

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

12-27-63

## 26. REGISTRAR'S SIGNATURE

Francis D. Crawford

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Lee Mow Shunk*

Licensed Embalmer No. 2533

P. O. Address

Cameroon, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.